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SMALL ENTITY

00/20/2006 5514 7590 FITZPATRICK CELLA HARPER & SCINTO Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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				(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/773 469	02/05/2004	Gilbert Menard	03161.001376	7012

TITLE OF INVENTION: TIRE TREAD MOULD

10/773.469

APPLN. TYPE

30 ROCKEFELLER PLAZA NEW YORK, NY 10112

nonprovisional .	NO	\$1400	\$300	\$0	\$1700 12/29/2006		
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS				
MACKEY, J.	AMES P	1722	425-028100				
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1363). Change of correspondence address (or Change of Correspondence Address form PTOSBI 122) attached. The Address' indication (or "Fee Address" Indication form PTOSBI 47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2 Harper & Scinto		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 72 FeR 3.11. Completion of this form is NOT a substitute for ling an assignment. (A) NAME OF ASSIGNEE							
Michelin Rech	erche Et Teo	hnique, S.A.	Granges-Pa	accot, Switzer	Land		

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Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Payment of Fee(s); (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted:

St Issue Fee A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. Dublication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form). Advance Order - # of Copies __five_ (5)

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Wischpuse Date December 6, 2006 Authorized Signature _____ Typed or printed name _ Carl B. Wischhusen Registration No. _ 43,279

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